

TOWN OF BROOKLINE
APPLICATION FOR A TEMPORARY WINE AND MALT ALCOHOLIC
BEVERAGES SALES LICENSE

Date: 12/13/16

I hereby make application for a TEMPORARY ALCOHOLIC BEVERAGE LICENSE
for the purpose of selling and dispensing WINE AND MALT alcoholic beverages
permitted by law at a

Retirement Celebration

(state whether meeting, banquet, concert, picnic, wedding, etc.)

which is to be held by Friends of Brookline Public Health - To be held at:

(Name of Organization)

Brookline Teen Center - 90 Aspinwall Ave Brookline MA 02446

(Address of Organization)

a Not-for-profit organization, on the 25th day of January, 2017

between the hours of 6-8 pm at the following described place:

[NOTE: Under state law, temporary licensees may not sell alcoholic beverages between the hours of 2 a.m. and 8 a.m.]

State law permits issuance of a temporary license to sell alcohol only to the responsible manager of an organization.

The above organization represents and warrants that the following individual is the organization's responsible manager: 2 Managers

1) Name: Elmer Hendrickson Address: 11 Pierce St Brookline MA 02445

Title: Crowd Manager Date of Birth: 9/15/61

Telephone number(s) (24-hour contact information): 617-730-2214

Email address(es): E.Hendrickson@brookline.ma.gov

2) Patrick Maloney - Crowd Manager - 11 Pierce St Brookline MA 02445 9/22/56 617-730-2303
Complete name and address of officer of the organization applying:

* Name: Cheryl Lefman Title: Officer Address: 11 Pierce St Brookline MA 02445

* Name: Rosalie Hermes Title: Officer Address: 11 Pierce St Brookline MA 02445

* Name: Anthony Schmitt Title: Trustee Address: 11 Pierce St Brookline MA 02445

* Friends of Brookline Public Health Board Members

1) How many cases or barrels, etc. of malt or wine beverages are to be available for sale?
1 - Case of wine 2 - Cases of beer (MALT)

2) What is the maximum number of people to attend? 100

3) What is the age group of people to attend? 16 - 90 years old

4) Are you charging an admission fee? Yes - Donation

5) How will alcoholic beverages be dispensed or served and by whom? Please state the names, addresses and telephone numbers of all person(s) serving alcoholic beverages.

Boston's Best Bartending Service Inc - 42 Temple St.

Newburyport MA 01950 - Certified Server, Thomas Ryan

6) State whether or not the person(s) dispensing or serving alcohol received TIPS certification or equivalent safe-service-of-alcohol training, and the date(s) of any such certification or training. (PLEASE ATTACH DOCUMENTATION PERTAINING TO SUCH CERTIFICATION OR TRAINING.):

Thomas Ryan - Serv Safe Alcohol Cert # 13394521 (Cert Attached)

* * 7) If any attending are under age 21, what method will be used to check I.D. and what procedures will be followed to make certain that those under age 21 are not served and are not allowed to consume alcoholic beverages? Entrance Check in table with staff. Persons > 21 years old phoning to consume will be stamped. Persons without a stamp cannot be served alcoholic beverages.

8) Will a police detail or other types of security be provided? Certified Crowd Manager to be present

If "Yes" what type and how many? 1 - Certified Crowd Manager (Certificate Attached)

Note: Police details are arranged for by contacting the Brookline Police Department.

9) If different from the responsible manager identified above, please state the name, address, age, and 24-hour contact information of the official, employee, or representative of the organization who will be physically present at the event and who has been duly authorized by the organization to be responsible for supervising the event to ensure compliance with all applicable federal, state, and local laws, regulations, ordinances and conditions on the license and maintenance of order and decorum:

(Name) _____ (Address) _____ (Date of Birth) _____

Telephone number(s) (24-hour contact information): _____

Email address(es): _____

10) Does the organization have a pending application for a liquor license as a common victualler, innholder or club? Is the premises for which a temporary license is sought already the subject of a liquor license? Yes X No

* * Stamp to be used

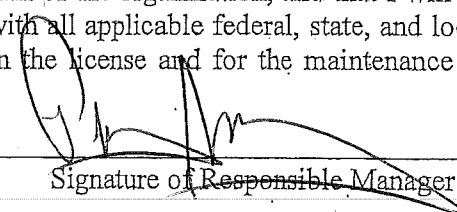


If the answer is yes to either question, please detail: _____

11) Please describe the portion(s) of the premises where the sale, storage and/or furnishing of alcohol will take place, including a specification and description of all indoor and outdoor portions of the premises (e.g., in the case of a function, table areas, bars, dance floors, tented area, etc.): 1. Serving station inside facility.
1 table will be used for service.

Town Property Use: In the event that the applicant seeks to use a Town property in connection with the event that is the subject of this application, this application must be accompanied by proof that the applicant has secured, and that there is in effect during the period of time for which the license is sought, a general liability policy naming the Town as an additional insured, or, if the general liability policy exempts alcohol-related incidents or occurrences, a liquor liability policy naming the Town as an additional insured. By signing this application, the organization and its officers, employees, agents and representatives absolve the Town and its officials, officers, employees, agents and representatives from all liability in connection with the applicant's proposed use. By signing this application, the organization agrees to indemnify the Town for any damage to the Town's personal and real property resulting from the use, and agrees to indemnify the Town for any expenses the Town incurs in restoring the property to its condition prior to the use (in excess of any routine cleaning and maintenance service the Town would ordinarily have performed irrespective of the use).

Certification: I certify that I, as the responsible manager of the organization, have been duly authorized to apply for this license on behalf of the organization, and that I will be responsible for the organization's compliance with all applicable federal, state, and local laws, regulations, ordinances and conditions on the license and for the maintenance of order and decorum at the event.



Signature of Responsible Manager

Thank you for participating in the ServSafe Alcohol program. Responsible alcohol service begins with the choices you make, and ServSafe Alcohol training will help you make the right decision when the moment arises.

By completing the ServSafe Alcohol program, you show your dedication to safe and responsible alcohol service. The ServSafe Alcohol program and the National Restaurant Association are dedicated to helping you continue to raise the bar on alcohol safety.

To learn more about our full suite of responsible alcohol service training products, contact your State Restaurant Association, your distributor or visit us at ServSafe.com.

We value your dedication to responsible alcohol service and applaud you for making the commitment to keep your operation, your customers and your community safe.

Sincerely,



Sherman Brown

Senior Vice President, National Restaurant Association Solutions

ServSafe

ID # 12432430
CARD # 13394521

ServSafe Alcohol® CERTIFICATE



THOMAS RYAN

NAME

3/28/2018

DATE OF EXAMINATION

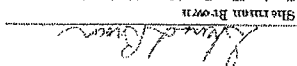
Card expires three years from the date of examination. Card not for sale.

NOTE: You can access your score and certification information anytime at www.servsafe.com with the class number provided on this form.

If you have any questions regarding your certification please contact the National Restaurant Association Service Center at 1-800-551-7369 or certification@nra.org

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Sherman Brown, Senior Vice President, National Restaurant Association Solutions



This certificate confirms completion of the ServSafe Alcohol® responsible alcohol service program.

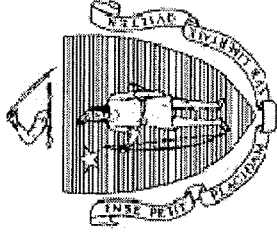
In Alaska you must laminate your card for it to be valid.

Commonwealth of Massachusetts

Executive Office of Public Safety and Security

Department of Fire Services

Office of the State Fire Marshal



Certificate of Completion

This certifies that

Elmon Hendrickson

Successfully completed the Crowd Manager Training Program

In accordance with 527 CMR sec. 10.13(d) – Designation of a Crowd Manager

Date issued: November 16, 2016

Expires: November 16, 2019

Certificate #: PnU07ffZ4XINV0d

Peter Ostroskey

State Fire Marshal



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

11/29/2016

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Tarpey Insurance Group 442 Water St PO BOX 567 Wakefield MA 01880-4667		CONTACT NAME: Corinne Rescigno PHONE (A/C, No, Ext): (781) 246-2677 FAX (A/C, No): (781) 224-0973 E-MAIL ADDRESS: corinne@tarpeyinsurance.com	
INSURED Boston's Best Bartending Service, Inc., DBA: 42 Temple Street Newburyport MA 01950		INSURER(S) AFFORDING COVERAGE INSURER A Mt Vernon Fire Insurance Co INSURER B Safety Indemnity INSURER C Travelers AR INSURER D General Star Indemnity INSURER E: INSURER F:	
		NAIC # 33618	

COVERAGES

CERTIFICATE NUMBER: 16-17 wc

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:		CL2701819	9/1/2016	9/1/2017	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
B	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS		6205807	3/2/2016	3/2/2017	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Underinsured motorist BI split \$ 20,000
A	UMBRELLA LIAB EXCESS LIAB DED RETENTION \$	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE	XL2557127	9/1/2016	9/1/2017	EACH OCCURRENCE \$ 4,000,000 AGGREGATE \$ 4,000,000
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N/A	6KUB0494M44416	10/18/2016	10/18/2017	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 100,000 E.L. DISEASE - EA EMPLOYEE \$ 100,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
D	LIQUOR LIABILITY		TMA840615B	9/1/2016	9/1/2017	PER OCCURRENCE 1,000,000 AGGREGATE 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Event: January 25, 2017

Guests: 100

Additional insured: Town of Brookline

CERTIFICATE HOLDER**CANCELLATION**Brookline Teen Center
40 Aspinwall Ave
Brookline, MA

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Rebecca Berube/REBECC



BROOKLINE POLICE DEPARTMENT
Brookline, Massachusetts

DANIEL C. O'LEARY
CHIEF OF POLICE

To: Chief Daniel O'Leary

From: Lieutenant Derek Hayes

Re: Friends of Brookline Public Health – Retirement Celebration, 01-25-17
One Day License

Date: January 2nd, 2017

Sir,

Friends of Brookline Public Health have applied for a Temporary Wine and Malt Beverages License for a Retirement Celebration scheduled for Wednesday, January 25th, 2017 between 6pm and 8pm. The event will be held at the Brookline Teen Center located at 40 Aspinwall Ave.

Elmon Hendrickson [REDACTED] Phone [REDACTED] will be the responsible manager on site for this event and will ensure compliance with all applicable Federal, State and local laws, regulations, ordinances, and any conditions on the permit. A Crowd Manager Certificate was submitted.

This event will have available to attendees over the age of 21 years, wine and malt beverages to be served by TiPS certified staff provided by Boston's Best Bartending Service. A copy of the bartender's TiPS certification was provided. Available for sale will be two cases of beer and one case of wine.

I see no reason to deny this application.

Respectfully Submitted,

Lieutenant Derek Hayes

